



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
1101 RIVERSIDE DRIVE, P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102-0176

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)
FORM 1.0P COMPANY INFORMATION - PORTABLE EQUIPMENT

PARENT COMPANY NAME			FIPS COUNTY NO.	PLANT NO.	YEAR OF DATA
MAILING ADDRESS			REGION	CLASSIFICATION PERMITS ENFORCEMENT	HAP CATEGORY
CITY	STATE	ZIP CODE + 4	COUNTRY		
CONTACT PERSON	CONTACT PERSON E-MAIL		PHONE NUMBER	FAX	
PRODUCT/PRINCIPAL ACTIVITY			SIC	NAICS	

TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)

PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3
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The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.

PRINT NAME OF PERSON COMPLETING FORM		TITLE	OFFICE USE ONLY	
SIGNATURE		DATE	CHECK NUMBER	DATE RECEIVED
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE		TITLE	CHECK AMOUNT	CHECK DATE
SIGNATURE		DATE	LOGGED IN BY	CLASSIFICATION